



Medford

Disability Services Office

For information or assistance, call 541-776-6210

Fax: 541-776-6251

(541) 776-6137

US/V David D Everist
 case #s 09-479-MD
 112-PO-5000-1-PA

Client: DAVID EVERISTDate: 12/3/12You have an intake appointment scheduled on: Dec 19 @ 10AMat: 10 AM with: Jeannette X1

Please be on time. If you are unable to make this appointment, or are unable to provide the verifications requested below, be sure to contact us and let us know.

The following checked items are due by Wednesday Dec 19
 FAILURE TO PROVIDE THESE ITEMS BY THIS DATE MAY RESULT IN YOUR APPLICATION BEING DENIED. If possible, bring them with you to the appointment so the processing of your application isn't delayed.

☒ Verification of ALL income and resources (see attached list for examples)

☐ Verification of Identity (see attached list for examples)

☐ Verification of Social Security number (see attached list for examples)

☒ Verification of Citizenship (see attached list for examples)

☒ Completed Disability Referral form including names **AND** addresses of all medical providers seen in the past year and a 15 year work history (enclosed)

☒ Verification of Application with the Social Security Administration (call 1-800-772-1213 to start the application process if you haven't done this yet or on line at www.ssa.gov)

Other: _____

**PROVIDENCE**Medford
Medical Center

- ☐ Cardiology
☐ General Surgery
☐ Medford Pediatrics
☐ Shady Cove

- ☐ Central Point
☐ Jacksonville
☐ OB/Gyn
☐ Siskiyou Surgical

- ☐ Doctors
☐ Medford Family
☐ Phoenix Family

REC'D 12 DEC 6 8:42USDC-ORN

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Name: David Everist Birthdate: 6/14/1960
 Current Address: 7447 Thompson Creek Rd, Jacksonville OR 97550
 Home Phone: 541-531-7273 Work Phone: _____ Social Security #: _____

I AUTHORIZE INFORMATIONMedford Medical Clinic555 Black Oak Dr.Medford Oregon 97504541-732-3430**PLEASE SEND MY RECORDS TO:**Medford Medical Clinic

Facility to Receive Information

Dr. Taher

Title / Physician, Healthcare Facility, Other

555 Black Oak Drive

Address

Medford OR, 97504

City, State, Zip

) ☐ Referral / Consultations ☐ Other: _____☒ Yes ☐ No

ical records. All faxed materials will contain a confidentiality statement;
 ceiving end can not always be guaranteed.

TYPE OF INFORMATION TO BE RELEASED☒ All items below☐ Medication Summary☐ History and Physical☐ Pathology Reports☐ Consultations☐ Laboratory Reports☐ Progress Notes☐ Discharge Summary☐ Operative Reports☐ X-ray ReportsFor the following dates of service: From ____/____/____ to ____/____/____ all records

PROTECTED OR SENSITIVE INFORMATION: I understand that certain information can not be released without specific authorization as required by state / federal law. By signing I authorize the release of the following protected or sensitive information:

☒ Drug abuse diagnosis / treatment☒ Alcoholism diagnosis / treatment☒ Mental health / treatment☒ AIDS/HIV test results and related information including high risk behavior documentation**AUTHORIZATION TO RELEASE INFORMATION:**David Everist

Signature

Self

Relationship to Patient

12/6/12

Date

This authorization is valid for six months and may be revoked by the patient (orally or in writing)
 at any time prior to six months.

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 DHS EVERIST
 Oregon Department of Human Services
 Seniors and People with Disabilities
 CASE # 09-479-MO
 CASE # 1:12-PO-00001-CL

Branch:	Prime number:	Program:	Date of birth:
Case name:			Date sent:
Worker name:		ID:	Phone:

Disability Referral

1 Client

Last name: Everist First name: David Initial(s): D
 Address: 7447 Thompson Rd OR 97530
 City: Applegate State: OR ZIP code: 97530
 Sex: ☒ Male ☐ Female Phone: 541-531-7273
 Marital status: ☒ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

2 Health

Age: 52 Height: 6'1" Weight: 150

List all disabling condition(s): 9 years old to 16 Precept by Dr Dix Deen
For Hyperactive in my 20's shoulder reconstruction
now have arthritis cataract left eye focus precept disorders
that case by USFS USDA US Attorney and US Asst Douglas

Describe how your disabling condition(s) affect your ability to perform daily activities or prevent you from working: cause, PTSD and compulse

Behavior for writing legal notices USAI
BLM USDA, USFS US Attorney, US Asst Douglas

Date first bothered by these conditions: Feb 9, 2009, Dec 18, 2010

Date condition(s) caused you to stop work: DHLS, FBI, Magistrate, 2010, 2011, 2012

Have assistive devices been prescribed for you by a medical provider?

☒ Yes ☐ No eye glass Magistrate Clerk Feb 23, 2011

If yes, please describe: I wear eye glass Clerk

3 Education

Grade level completed: 12 grade cause me to stop Nov 28, 2012

Did you attend special education classes? ☒ Yes ☐ No Nov 28, 2012

Vocational training/special licenses: Nov 28, 2012

400
offices
Sept - 29 - 2010 to stop Nov 28, 2012
sleeping
on duty
BUCKMAN
officer
County
Hinnings
Therret 2012
waiting for 2 put
officer
in
hole
SDS 0708 (12/1/12)

4 EmploymentHave you ever worked? ☒ Yes ☐ No

If yes, please list the jobs you have had in the last 15 years.

Job 1 Job title: _____ Days per week: _____
 Monthly gross: _____
 Dates of employment: From: _____ To: _____
 Type of industry: _____
Job duties: (what did you do?) *groundman power utility contractor*
Lay off every time work Union
 Reason for leaving: _____ *Hire Hall IBEW*

Job 2 Job title: _____ Days per week: _____
 Monthly gross: _____
 Dates of employment: From: _____ To: _____
 Type of industry: _____
Job duties: (what did you do?) _____
 Reason for leaving: _____

Job 3 Job title: _____ Days per week: _____
 Monthly gross: _____
 Dates of employment: From: _____ To: _____
 Type of industry: _____
Job duties: (what did you do?) _____
 Reason for leaving: _____

5 Medical providers

Tell us who may have medical records or other information about your illness, injuries or conditions. Please list all physicians, medical providers, hospitals and clinics that you have visited in the **last year**. For mental health providers, please list the last 3 years.

A. Provider: ~~STARS~~ Specialty: *# 541 664*
 Address: _____